# Check Sheet
# To the Application for a Continuing Education (CE) Provider

This Check Sheet is intended to assist you with filing a complete application. All items listed must be submitted 30-days prior to a scheduled Board meeting. Applications from providers that are incomplete will be notified in writing of the deficiencies within three weeks from the date of receipt.

Applications are evaluated based on the provider's commitment to conform to the standards set forth in the California Code of Regulations, Title 16, section 356.5 "Continuing Education Provider Approval, Duties and Responsibilities"

- FORMS
  - ❒ One original and two (2) copies of the application and attachments.
- DOCUMENTATION
  - ❒ Mission statement that outlines the provider's CE objectives and declares the provider's commitment to conform to the standards set forth in the California Code of Regulations.
  - ❒ Literature, brochure, course outline, and any other documentation relating to CE courses previously provided to licensed health care professionals.
  - ❒ Curriculum Vitae.
- MISSION STATEMENTS (must include the following)
  - ❒ A detailed statement that describes what type of business the provider has been engaged in that involves providing CE to licensed health care professionals. The CE provided must consist of no less than one course in each year of a 5-year period immediately preceding the date of this application. Please put in chronological order and be specific.
  - ❒ Designate a person responsible for overseeing all CE activities of the provider, together with written notification to the Board identifying that individual.
  - ❒ Use of teaching methods that ensure student comprehension of the subject matter and concepts being taught.
  - ❒ Provider will establish and maintain procedures for documenting completion of courses and retain the attendance records for at least four (4) years from the date of course completion.
  - ❒ Provider will furnish the Board with a roster of persons completing the course, which includes the name and license number of each attendee within 60-days of course completion.*
  - ❒ Responsibility for maintaining full-time monitoring of course attendance. If any participant's absence exceeds 10 minutes during any one hour period, credit for that hour shall be forfeited and noted in the provider's attendance roster that is submitted to the Board. Furthermore, the provider is responsible for seeing that each person in attendance is in place at the start of each course period.*
  - ❒ Ensure availability to course participants of meeting rooms, study aids, audiovisual aids, and self-instructional materials designed to foster learning and ensure student comprehension of the subject matter and concepts being taught.
  - ❒ Provider will disclose in any CE course advertising if expenses of the program are underwritten or subsidized by any vendors of goods, supplies, or services.
  - ❒ Provider will inform the Board immediately of any event that may affect the provider's approval as a CE provider.
  - ❒ Provider will inform the Board, in writing, immediately of any change that would affect the date, time or location of the course.

*Failure to submit the list of course participants within 60-days of course completion, or maintain proper attendance monitoring procedures may be grounds for withdrawal or denial of course approval.

STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, Governor

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# APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION PROVIDER

ALL questions on this application must be answered. The application and mission statement must be submitted 30-days prior to a scheduled Board meeting. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING PROVIDER APPROVAL

Provider name:

Address: Number and Street

City | State | Zip Code

Telephone number
Residence: ( )
Business: ( )

Optional
E-mail address:

## PROVIDER STATUS

☐ Individual ☐ Corporation ☐ Health Facility ☐ University/College of School

☐ Partnership ☐ Association ☐ Government Agency

## CONTINUING EDUCATION OVERSEER

Name: Telephone number ( )

## RECORD KEEPER

Name: Telephone number ( )

Address of Record Storage:

FOR OFFICE USE ONLY

Date received: _____ Date denied: _____

Date approved: _____ Mission Statement ☐

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